



Cal EMA
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

June 30, 2010

Doug Carver
Chief Probation Officer
Nevada County Probation Department
109 ½ North Pine Street
Nevada City, CA 95959

Subject: Site Visit – Evidence Based Probation Supervision (EBPS) Program–Grant
Award # ZP09010290

Dear Mr. Carver:

I wish to express my appreciation for the courtesy Mr. Michael Ertola and Ms. Darlene Woo extended to Ms. Sherril Scott and me during the site visit conducted on June 23, 2010, at the offices of the Nevada County Probation Department. As Project Director, please find enclosed a copy of the California Emergency Management Agency (Cal EMA) *Performance Site Visit Report* that was completed at the conclusion of this mandatory grant-related visit.

I hope you and your staff will agree that the site visit allowed all parties the opportunity to get acquainted and discuss in some detail Nevada County's specific grant-project operation. Additionally, I trust you will agree that this site visit successfully provided Nevada County Probation beneficial information that when exercised will assist your project in achieving its goals and objectives; as well as ensuring that the administration of your project's grant funds are in compliance with allowable programmatic and fiscal guidelines.

Your assigned Program Specialist, Roman Alvarez, is available Monday through Thursday to assist with any grant-related matter regarding the Evidence Based Probation Supervision Program. Roman's telephone number and email are (916) 324-9150 and roman.alvarez@calema.ca.gov, respectively.

Sincerely,

Bill Canepa
Criminal Justice Specialist
Public Safety and Victim Services Division

Enclosure

c: ZP09010460 Program Main File



Cal EMA
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

June 28, 2010

Doug Carver
Chief Probation Officer
Nevada County Probation Department
109 ½ North Pine Street
Nevada City, CA 95959

Subject: Site Visit – Evidence Based Probation Supervision (EBPS) Program–Grant
Award # ZP09010290

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Sincerely,

A handwritten signature in dark ink, appearing to read "Bill Canepa", written over a dark, irregular ink blot.

Bill Canepa
Criminal Justice Specialist
Public Safety and Victim Services Division

Enclosure

c: ZP09010460 Program Main File

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)


PROGRAM: Evidence Based Probation Supervision

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** ZP09010460 **DATE OF SITE VISIT:** June 23, 2010
2. **GRANT PERIOD:** January 1, 2010 to September 30, 2012
3. **RECIPIENT/IMPLEMENTING AGENCY:**
Nevada County / Probation Department
4. **PROJECT DIRECTOR:**
Doug Carver, Chief Probation Officer

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Michael N. Ertola</u>	<u>Probation Program Mgr.</u>	<u>Probation Dept.</u>
<u>Darlene Woo</u>	<u>Admin. Services Officer</u>	<u>Probation Dept.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>



Signature of Program Specialist

6/30/10

Date



Signature of Section Chief

6-30-10

Date

Signature of Project Representative

Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

YES NO N/A

1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Recipient indicates that staff has access to the Cal EMA Recipient Handbook via online.

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company's name | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond number | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Description of coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Bond period | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Grant award number | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form A, Employee Dishonesty | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Form B, Forgery Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Certified Exempt | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

YES NO N/A

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy)

☒ ☐ ☐

Comments:

5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒ ☐ ☐

Comments:

A well-designed organizational chart. Recipient provides both a pre and post-grant organizational chart as part of the record.

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (*Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.*)
A modification is needed for the following:

☒ ☐ ☐

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

Recipient is familiar with the purpose and preparation of the Grant Award Modification. Recipient concurs with the suggestion to assign at least one additional signer to its current Signature Authorization form.

7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do the personnel policies include:
 - Work hours
 - Compensation rates including overtime and benefits
 - Vacation, sick, and other leave allowances
 - Hiring and promotional policies

☒ ☐ ☐

☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
 - Job application ☒ ☐ ☐
 - Resume ☒ ☐ ☐
 - Performance evaluations ☒ ☐ ☐
 - Salary rates ☒ ☐ ☐
 - Benefits ☒ ☐ ☐
 - Current job duties/descriptions ☒ ☐ ☐
 - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

Recipient's personnel files appear consistent with typical local government policies.

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

A time study serves to support the EBPS grant time sheets. Approval of time sheet is logged electronically.

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
 - Name of individual who approves purchases.
Doug Carver. Amounts < \$1000 then Mary Ross
 - Name of individual who writes checks.
Audits / Controller
 - Name of individual(s) who signs checks.
Audits / Controller

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	YES	NO	N/A
10. <u>SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]</u>			
• Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project maintain an accurate inventory log of equipment purchased with grant funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Recipient uses the reporting and analysis tool called, "Pentamation."

11. PROJECT EXPENDITURES

• Is the project's expenditure rate commensurate with the elapsed period of the grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project up-to-date with the submission of Cal EMA Form 2-201?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Recipient's expenditure rate appears to reflect the project's current needs. Recipient indicates that a Grant Award Modification to transfer funds may be appropriate in the near future.

12. MATCH REQUIREMENTS

• Does the project have a match requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Is the project meeting the match requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Review the supporting documentation to substantiate cash or in-kind match.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

13. EEO POLICY

• Go over EEO checklist. (Separate document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

No apparent issue regarding EEO-related matters.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☒ ☐ ☐

☐ ☐ ☐

Comments:

After discussion, the Recipient does not foresee the need to modify its current grant objectives.

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

Cal EMA Federal Program Manager, Sherril Scott, discussed with Recipient the reporting requirements established for the EBPS grant.

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Recipient expressed in convincing terms an intention to avoid any perception of an audit finding.

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☐ ☒ ☐

Comments:

The grant file contains only a draft of the Operational Agreement proposed between the Recipient and Shasta County. OA concerns the training, accessing and implementation of assessment.com's risks needs assessment web-based software.

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

Recipient introduced Cal EMA staff to the Deputy Probation Officer soon to be offered the position that the EBPS Program grant will ultimately fund.

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION II - SUPPLEMENTAL PROGRAMMATIC REVIEW

Evidence Base Probation Supervision: Supplemental Programmatic Review sections should be unique to each program. Complete this section to meet your program's specific objectives.

- | | YES | NO | N/A |
|---|-----|--------------------------|--------------------------|
| 1. Does the project track the following: | X | <input type="checkbox"/> | <input type="checkbox"/> |
| • The number of probationers that will be supervised with evidence based practices. | | | |
| • The age and sex of probationer. | X | <input type="checkbox"/> | <input type="checkbox"/> |
| • Those on felony probation. | X | <input type="checkbox"/> | <input type="checkbox"/> |
| • Those who successfully complete probation. | X | <input type="checkbox"/> | <input type="checkbox"/> |
| • Those who violate their probation. | X | <input type="checkbox"/> | <input type="checkbox"/> |
| • The number of revocations due to new charges? | X | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____ What the Recipient does not track in the Assessment.com tool, they will track in the Nevada County Probation Department's case management system. _____

- | | | | |
|---|---|--------------------------|--------------------------|
| 2. Does the project track the number of contacts with each active adult probationer in the field, in the office and by phone per month? | X | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|--------------------------|--------------------------|

Comments: _____ Tracked in the county probation department's case management system. _____

- | | | | |
|---|---|--------------------------|--------------------------|
| 3. Does the project track the number of adult probationers referred to outpatient treatment programs (drug/alcohol, domestic violence, anger management, job training & family counseling)? | X | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|--------------------------|--------------------------|

Comments: _____ Tracked in the county probation department's case management system. _____

- | | | | |
|--|---|--------------------------|--------------------------|
| 4. Does the project track the number of days, drop outs, terminated, and successful adult probationers referred to residential treatment programs? | X | <input type="checkbox"/> | <input type="checkbox"/> |
|--|---|--------------------------|--------------------------|

Comments: _____ Tracked in the county probation department's case management system. _____

- | | | | |
|---|--------------------------|--------------------------|---|
| 5. Does the project have a procurement policy for both goods and services (Consultations and equipment)? (Request copy) | <input type="checkbox"/> | <input type="checkbox"/> | X |
|---|--------------------------|--------------------------|---|

Comments: _____

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6. Does the project have on-file the following documentation: | | | |
| • Signed MOU's or OA's | <input type="checkbox"/> | X | <input type="checkbox"/> |
| • Project specific duty statements, rather than a copy of local agency job classification | X | <input type="checkbox"/> | <input type="checkbox"/> |
| • All source documentation (Modifications/Amendments/201's). | <input type="checkbox"/> | <input type="checkbox"/> | X |
| • Project provided training sign in sheets. | <input type="checkbox"/> | <input type="checkbox"/> | X |

Comments: _____ Recipient has an unsigned OA with Shasta County in connection with the Assessment.com tool. _____

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

7. Does the project have staff assigned to more than one Cal EMA funded project? If yes, please explain.

☐ X ☐

Comments: _____ Project staff funded 100%. _____

8. Does the project track the amount of state moneys expended for programs that are evidence base? If yes, please explain.

☐ X ☐

Comments: _____

9. Does the project have a list of evidence base programs? If yes, please provide a copy.

☐ X ☐

Comments: _____ Recipient has a list only of treatment programs. _____

10. Does the project track the specification of supervision policies, procedures, programs, and practices that have been eliminated? If yes, please provide a copy.

X ☐ ☐

Comments: _____

SECTION IV- ADDITIONAL COMMENTS:

NOTES:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION III – AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

- | | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|--|------------|--------------------------|--------------------------|
| 1. Is the project aware that they must provide Cal EMA with a <u>valid</u> Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number? | X | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | | | | |
|--|---|--------------------------|--------------------------|
| 2. Is the project aware of the Central Contractor Registry (CCR) requirements? | | | |
| ○ Register with a valid DUNS number; and | X | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Renew CCR registration yearly for the life of the grant. | X | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | | | | |
|---|---|--------------------------|--------------------------|
| 3. Does the project understand that they report Section 1512(c) information to Cal EMA and <u>not</u> to FederalReporting.gov directly? | | | |
| ○ Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and | X | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Completed Jobs Data Collection Sheets are due to Cal EMA by the 3 rd working day of each month for JAG funded programs and by the 10 th day of the each month for VOCA or VAWA funded programs. | X | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked. | X | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- | | | | |
|--|---|--------------------------|--------------------------|
| 4. Does the project understand that by accepting the grant award, they agreed to: | | | |
| ○ Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and | X | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Accounting systems must ensure that ARRA funds are not co-mingled with funds from any other source. | X | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

Comments:

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at www.whitehouse.gov/omb/circulars. X ☐ ☐

Comments:

6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at www.usdoj.gov/oig. X ☐ ☐

Comments: _____ Initially the Recipient was unaware of the role DOJ OIG has with regard to this grant. After further discussion, the Recipient is aware. _____

7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. X ☐ ☐

Comments:

8. Does the project understand that by accepting the grant award, they:
- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and X ☐ ☐
 - Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award. ☐ ☐ ☐

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:
- Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT); X ☐ ☐
 - PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and X ☐ ☐
 - Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked. X ☐ ☐

Comments:

10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding? X ☐ ☐
- Documentation may include:
- Budget comparisons and/or projections before and after the Recovery Act award date
 - Formal layoff recommendations and retractions (memos, reports) or
 - Minutes of formal meetings where official budget decisions were made.

Comments:

SECTION IV - ADDITIONAL COMMENTS:

NOTES:

In protracted discussion with Nevada County Probation Department's Mr. Ertola and Ms. Woo, I am convinced that the probation department will proceed in a forward direction with the implementation of enumerated goals and objectives associated with the Evidence Based Probation Supervision Program; and the probation department will proceed in a manner that represents compliance with all programmatic and fiscal requirements agreed upon and outlined in the Program's controlling authorities.